

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-033977

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

8316

FILED AUG 22 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN

St. Louis

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

D.O.A. Lutheran Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Inside Limits

c. CITY OR TOWN

St. Louis

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

3900 Bowen

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED

(Type or print)

Charles

First

Ohms

Last

4. DATE OF DEATH

Month

Day

Year

Aug 14 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

8/7/07

9. AGE (last birthday)

56

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Corn Products Worker

10b. KIND OF BUSINESS OR INDUSTRY

Busch Brewery

11. BIRTHPLACE (City and state or country)

St. Louis Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

William Ohms

13b. MOTHER'S MAIDEN NAME

Anna Baumann

14. NAME OF HUSBAND OR WIFE

Ethel

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Ethel Ohms 3900 Bowen

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

ARTERIO-SCLEROTIC HEART DISEASE

INTERVAL BETWEEN ONSET AND DEATH

8 MONTHS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DIABETES MELLITUS

8 MONTHS

DUE TO (c)

260X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Death occurred at

1/15/63 to 8/14/63 and last saw her alive on 7/2/63

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

8/17/63

23c. NAME OF CEMETERY OR CREMATORY

New St. Marcus Cem.

23d. LOCATION (City, town, or county)

St. Louis County Mo.

24. FUNERAL DIRECTOR

ADDRESS

Moydell Funeral Home 1926 Allen

25. DATE RECD. BY LOCAL REG.

AUG 15 1963

26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Shadley P. Joeller Jr.

Licensed Embalmer No. 4950

P. O. Address

St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.